

<b>Case Number:</b>	CM14-0079467		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 43-year-old male with a date of injury of 03/01/2001. The listed diagnosis per [REDACTED] is joint pain. According to progress report 03/26/2014 by [REDACTED], the patient's toe graft failed. There are 2 small areas that are resisting closing. The treater is considering PRP. The patient has an ulcer of the foot and pain in the joint. He has wounds to the right foot that are not healing well. The patient also complains of joint pain in the shoulder and arm. The treater is requesting 12 physical therapy sessions for the elbow. Utilization Review denied the request on 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** This patient presents with joint pain. He also has an open sore on his foot that is not healing and is not progressing well. The patient also complaints of right shoulder,

elbow, and knee pain. The physician is requesting physical therapy 2 times a week for 6 weeks for the elbow. For physical medicine, the MTUS page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient received a recent course of 5 sessions addressing his knee complaints. The medical file does not indicate the patient has received physical therapy to address the upper extremity issues. Given the patient's continued pain, a short course of 9 to 10 sessions may be warranted. However, the physician is requesting 12 sessions which exceeds what is recommended by MTUS. Therefore, the for physical therapy 2 times per week for 6 weeks is not medically necessary.